

PDD Program Sample Needs and Services/Interventions

Case Management (Must be included because it is a PDD Waiver service)

<p>#1. What does this person need?</p> <p>Due to his Pervasive Developmental Disorder (PDD), John needs support and assistance with coordinating and monitoring all activities related to PDD EIBI Waiver services.</p>	
<p>Service/Intervention to address the need:</p> <p>Case Management</p>	
<p>Date Service/Intervention was included in this Plan:</p> <p>April 25, 2010</p>	<p>Funding Source for the Service/Intervention:</p> <p>PDD Waiver</p>
<p>Amount, Frequency and Duration of Service/Intervention:</p> <p>John will receive 12 units per year for 365 days from the Plan date.</p>	
<p>Service/Intervention Provider Type:</p> <p>Case Management provider.</p>	
<p>Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:</p> <p>Offer choice of provider, monitor services, and provide at least one (1) contact monthly with the selected EIBI Qualified Provider and/or family to determine progress/lack of progress on established goals and/or participant satisfaction with the EIBI Qualified Provider; completion date is 365 days from the Plan date.</p>	

EIBI Assessment

<p>#2. What does this person need?</p> <p>John needs a determination of his current skills in the areas of communication, language, behavior, daily living and personal care, socialization, motor skills and academics.</p>	
<p>Service/Intervention to address the need:</p> <p>EIBI Assessment</p>	
<p>Date Service/Intervention was included in this Plan:</p> <p>April 25, 2010</p>	<p>Funding Source for the Service/Intervention:</p> <p>PDD Waiver</p>
<p>Amount, Frequency and Duration of Service/Intervention:</p> <p>John will receive 1 EIBI Assessment annually for 365 days from the Plan date.</p>	
<p>Service/Intervention Provider Type:</p> <p>EIBI Qualified Provider</p>	
<p>Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:</p> <p>Offer choice of provider, Case Manager will authorize the Assessment, monitor the case to ensure the Assessment is completed within 30 days of the Authorization Effective Date on John's authorization for EIBI services and maintain documentation of involvement.</p>	

EIBI Program Development and Training

#3. What does this person need?	
John needs interventions to improve his socially significant behaviors (e.g. reading communication) and adaptive skills (e.g. gross and fine motor skills, personal self-care); and a protocol for training therapists.	
Service/Intervention to address the need:	
EIBI Program Development and Training	
Date Service/Intervention was included in this Plan:	Funding Source for the Service/Intervention:
April 25, 2010	PDD Waiver
Amount, Frequency and Duration of Service/Intervention:	
John will receive one unit of EIBI Program Development and Training annually for 365 days from the Plan date.	
Service/Intervention Provider Type:	
EIBI Qualified Provider	
Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:	
Offer choice of provider, contact participant's family and/or EIBI Qualified Provider as outlined in the PDD Manual (i.e. monthly, quarterly, annual face-to-face), maintain documentation of contacts; completion date is 30 days from the completion of the Assessment.	

EIBI Plan Implementation

#4. What does this person need?	
John needs consistent implementation and modification as needed of his EIBI Plan.	
Service/Intervention to address the need:	
EIBI Plan Implementation	
Date Service/Intervention was included in this Plan:	Funding Source for the Service/Intervention:
April 25, 2010.	PDD Waiver
Amount, Frequency and Duration of Service/Intervention:	
John may receive up to 6 hours of EIBI Plan Implementation per month for 365 days from the Plan date.	
Service/Intervention Provider Type:	
EIBI Qualified Provider	
Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:	
Offer choice of provider; contact participant's family and/or EIBI Qualified Provider as outlined in the PDD Manual (i.e. monthly, quarterly, annual face-to-face), maintain documentation of contacts; completion date is 365 days from the Plan date.	

EIBI Lead Therapy

#5. What does this person need?	
John needs assistance with assuring his EIBI plan is implemented as written, is monitored weekly for effectiveness, that recorded data is reviewed, and the Line Therapists receive guidance and supervision.	
Service/Intervention to address the need:	
EIBI Lead Therapy	
Date Service/Intervention was included in this Plan:	Funding Source for the Service/Intervention:
April 25, 2010	PDD Waiver
Amount, Frequency and Duration of Service/Intervention:	
John may receive up to 6 hours of EIBI Lead Therapy per week for 365 days from the Plan date.	
Service/Intervention Provider Type:	
EIBI Qualified Provider	
Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:	
Offer choice of provider, contact participant's family and/or EIBI Qualified Provider as outlined in the PDD Manual (i.e. monthly, quarterly, annual face-to-face); maintain documentation of contacts; completion date is 365 days from the Plan date.	

EIBI Line Therapy

#6. What does this person need?	
John needstraining as indicated in his EIBI Plan to improve behavior and adaptive skills.	
Service/Intervention to address the need:	
EIBI Line Therapy	
Date Service/Intervention was included in this Plan:	Funding Source for the Service/Intervention:
April 25, 2010	PDD Waiver
Amount, Frequency and Duration of Service/Intervention:	
John may receive up to 25 hours of EIBI Line Therapy per week for 365 days from the Plan date.	
Service/Intervention Provider Type:	
EIBI Qualified Provider	
Service Coordinator's Responsibilities Related to Service/Intervention and Time Frames/Expected Completion Dates:	
Offer choice of provider, contact participant's family and/or EIBI Qualified Provider as outlined in the PDD Manual (i.e. monthly, quarterly, annual face-to-face), maintain documentation of contacts; completion date is 365 days from the Plan date.	